ACCIDENT / INJURY INVESTIGATION FORM INSTRUCTIONS

The attached form must be completed for injuries that occur on USI’s campus. Form should be completed within 24 hours of an incident.

Claimant/Injured (Employee, Student Worker, Student, Visitor, or Volunteer)

1. Complete entire 1st page, sign and date form.
2. Give both pages of Accident/Injury form to your supervisor or program director for completion.

Supervisor or Program Director of Claimant/Injured

1. Complete top section of page 2, sign and date form.
2. Return completed Accident/Injury Investigation Form to:
   ▪ Human Resources – for injured employee or student worker.
   ▪ Department of Risk Management - for injured student, visitor, or volunteer.

WORKER’S COMP MEDICAL CARE INSTRUCTIONS

AN EMPLOYEE OR STUDENT WORKER WHO IS INJURED WHILE PERFORMING THEIR DAILY WORK ROUTINE SHOULD SEEK:

NON-URGENT CARE

Contact Human Resources at 812-464-1781 or 812-464-1790 for authorization of care

- University Health Center (812-465-1250) on USI campus;
- OR
- Deaconess Comp Center
  ➢ 329 W. Columbia St., Evansville, IN 47710
  812-450-7455 (located across from Deaconess Emergency Room)
  ➢ 10455 Orthopedic Dr., Newburgh, IN 47630
  812-858-2100

EMERGENCY CARE

- ANY emergency room
- Deaconess Emergency Room - 600 Mary Street, Evansville 47710
- St. Vincent’s Emergency Room - 3700 Washington Ave., Evansville, IN 47714

Failure to follow these instructions could result in nonpayment of claim.